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APPLICANTS

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cm

** CONTINUING DATA *****
 This application is a CON of 09/123,240 07/27/1998 ABN
cm

** FOREIGN APPLICATIONS *****
none cm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 26	TOTAL CLAIMS 26 40	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<i>Cheng/Mull</i> Examiner's Signature Initials				

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TITLE
 Neuroaneurysm occlusion and delivery device and method of using same

FILING FEE RECEIVED 1863	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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